

Current Dealer No. _____

STATE OF LOUISIANA
RECREATIONAL AND USED MOTOR VEHICLE COMMISSION
 3132 VALLEY CREEK DRIVE
 BATON ROUGE, LOUISIANA 70808
 (225) 925-3870 FAX # (225) 925-3869
 www.lrumvc.louisiana.gov

RECEIPT NO. R#
LICENSE NO. LT
DATE ISSUED

APPLICATION FOR LICENSE AS UTILITY TRAILER DEALER FOR YEAR 20_____

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a Utility Trailer Dealer License. Any false answer shall be subject to a fine not to exceed \$5,000.00 or imprisonment not to exceed 4 years or both.

OWNERSHIP NAME _____
(NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, LLC, OR LLP)DEALERSHIP NAME _____ PHONE (____) _____
(NAME UNDER WHICH BUSINESS WILL BE CONDUCTED) (NO CELLULAR PHONES ALLOWED)

FAX (____) _____

OFFICE HOURS _____ DAYS _____

BUSINESS LOCATION _____ CITY _____ PARISH _____ ZIP _____

MAILING ADDRESS (if different from above) _____ CITY _____ ZIP _____

SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LOCATION

Indicate by (X) in the applicable block shown below for the type of business you are engaged in. If several types apply to your business, although it is one combined operation, each applicable block must be checked.

I (WE) ENGAGE IN THE FOLLOWING BUSINESS:

UTILITY TRAILERS
 (includes flat beds,
 semi trailers,
 and ATV trailers)

MANUFACTURER _____

BRAND NAME _____

OWNERSHIP INFORMATION:NAME: _____ TITLE _____ HOME PHONE _____
(INDICATE INDIVIDUAL, MANAGING PARTNER OR PRESIDENT OF CORPORATION)

CELLULAR PHONE _____

HOME ADDRESS _____ CITY _____ ZIP _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

U.S. CITIZEN? YES ☐ NO ☐ IF NOT A U.S. CITIZEN, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT AND BACK)
 AND DRIVER'S LICENSE.

YES NO

☐ ☐ 1. HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIME OTHER THAN A TRAFFIC
 VIOLATION IN THE PAST 10 YEARS? IF YES, STATE INDIVIDUAL'S NAME, OFFENSE, DATE OF
 OFFENSE AND WHERE _____

☐ ☐ 2. DO YOU PRESENTLY SELL EXTENDED WARRANTY CONTRACTS OR PRODUCT WARRANTIES? IF YES,
 NAME OF COMPANY AND DATE OF APPROVAL _____

☐ ☐ 3. DO YOU POSSESS A FINANCE LICENSE? IF YES, GIVE NAME AND # _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY
 KNOWLEDGE AND BELIEF AND THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS,
 RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE.

DEALERSHIP SIGNATURE _____ DATE _____
(INDICATE INDIVIDUAL, MANAGING PARTNER OR PRESIDENT OF CORPORATION OR DULY AUTHORIZED REPRESENTATIVE)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE/COMMISSION STAFF _____

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING
 ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.

SEE OTHER SIDE

ATTACH CHECK TO COVER \$200.00 FOR DEALER, \$25.00 FOR EACH SALESMAN. MAKE CHECK PAYABLE TO:
LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.

ATTACH CHECK FOR \$35.00 TO COVER CRIMINAL RECORD CHECK, IF APPLICABLE.

MAIL COMPLETED FORM, SALESMAN APPLICATION(S), FEES AND ATTACHMENTS TO THE ADDRESS ON FRONT OF
THIS APPLICATION.

LRUMVC-14B (06/07)